DOCUMENT RESUME

ED 300 029 IR 052 526

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TITLE Consumer Health Information Services. CE 638.
INSTITUTION Medical Library Association, Chicago, Ill.
PUB DATE 83
NOTE 68p.
PUB TYPE Guides - Classroom Use - Materials (For Learner) (051) -- Reports - Descriptive (141)

EDRS PRICE MF01/PC03 Plus Postage.
DESCRIPTORS Course Descriptions; Course Objectives; Library Collection Development; Library Cooperation; Library Education; Library Material Selection; Library Networks; Library Planning; *Library Role; *Library Services; Medical Libraries; Professional Continuing Education; *Reference Services; *User Needs (Information)
IDENTIFIERS *Consumer Health Information

ABSTRACT

This course text outlines the objectives and content for a professional continuing education course on consumer health information (CHI) services. Topics covered include: (1) trends in medical consumerism and self-health care; (2) health information needs of consumers; (3) the role of the library in CHI, including legal ramifications; (4) collection development and material selection; (5) reference tools and techniques; (6) other CHI services; (7) networking and library cooperation; (8) community linkages, public relations, and funding; (9) training of library personnel; and (10) suggestions on starting a CHI service. A 52-item bibliography is included. (MES)

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MEDICAL LIBRARY ASSOCIATION

Courses for Continuing Education

CE 638

Consumer Health Information Services

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First edition, 1983

CE 638 Consumer Health Information Services

A. Course Description:

Consumer Health Information (CHI) services respond to the health information needs of the lay public. The principal purpose of such a library activity is to promote more effective decision-making by individuals with regard to their health practices and utilization of health care services. The course focuses upon trends in medical consumerism and self-health care; health information needs of consumers; role of the library in CHI including legal ramifications; collection development and materials selection; reference tools and techniques; community linkages and funding; and the skills required for successful CHI services. Emphasis will be placed on how to design, establish and operate new CHI services with minimal funding and how to forge cooperative links between hospitals, academic medical centers, and public libraries.

B. Course Objectives:

Students will be expected to be able to do the following upon completion of the course:

1. Describe lay health information needs in the community.
2. Understand the structure, organization, funding and operation of existing CHI activities and programs.
3. Participate imaginatively in the design, funding and establishment of CHI activities.
4. Catalyze and launch CHI activities with minimal resources.
5. Work more creatively and effectively in CHI library programs and activities.
6. Facilitate multi-type library co-operation and networking.
7. Assist in the design and implementation of training programs.

TABLE OF CONTENTS

I. Medical Consumerism . . . . . p. 1

II. Medical Information Needs of Consumers . . . . . p. 8

III. The Library Response to Consumer Health Information Needs p. 13

IV. Collection Development and Materials Selection . . . . . p. 21

V. Reference: Tools and Techniques . . . . . p. 30

VI. Other CHI Services . . . . . p. 36

VII. Networking and Multi-Type Library Cooperation . . . . . p. 39

VIII. Community Linkages, Public Relations and Funding . . . . p. 45

IX. Training of Library Personnel . . . . . p. 50

X. Conclusions: How to Get Started . . . . . p. 54

Appendix A. Consumer Health Information Services Bibliography . . . . p. 60

Chapter I

Medical Consumerism

A. Synopsis:

The consumer in modern society is now engaged in scrutinizing, evaluating and questioning many areas of human activity. Consumer concerns now involve the purchase of products, legal responsibilities, local planning, environmental control, auto safety, and the responsivness of political institutions to human needs. The activated consumer now questions not only the adequacy and integrity of products but also the quality and cost of human services. As we move into a service society, with larger numbers of persons providing and receiving services, the importance of effectiveness and associated costs becomes increasingly important. It is not surprising that much debate and controversy surround the proposed cuts of entitlement and social services.

In the medical area, the public is vitally concerned with health and its preservation. The popularity of medically-oriented soap operas and other TV programs, syndicated news columns, health articles in popular magazines such as Family Circle and Ladies Home Journal, the annual publication of more than a thousand health-related books produced for a popular audience--all attest to the public preoccupation with health.

Public interest in health is also characterized in the form of militant consumerism. Many persons hold that the health care system is over-utilized often to the detriment of health, and that medical providers tend to generate unnecessary demand for their services. Essential information, vital to the individual's health and well-being,

is often denied to many individuals. This situation is rapidly changing in view of the Patient's Bill of Rights of the American Hospital Association and the doctrine of informed consent. The medical profession is now more responsive to the need to educate the public and to place more responsibility on individuals for their own health care. "My doctor failed to tell me ..." is often explained by the fact that he or she has never asked. Sidney Wolfe, M.D., President of the Public Citizen Resource Group, stated in a recent issue of Medical Economics (January 22, 1981): "Every doctor I know tells me that the biggest change in medicine in the last ten years is that patients increasingly want to narrow the gap between what the doctor knows and what they know. Good doctors aren't threatened by that. Those that are, need to reflect a little about why patients' questions threaten them."

A subtle shift has also occurred with respect to the popular conception of health. The World Health Organization's definition is increasingly accepted: "A state of complete physical, mental and social well-being and not merely the absence of disease." Based on this humanistic view, health is not a product of the medical care system. Health is not a product at all, but is rather a multifaceted concept reflecting many different beliefs about the wholeness or well-being of an individual and society. Health is based on a balance between individual and social responsibility.

There is increasing recognition that the individual is the key decision maker in medical care. The Surgeon General's Report, Healthy People noted: "You, the individual, can do more for your own health

and well-being than any doctor, any hospital, any drug, any exotic medical device." The individual decides whether to use medical care, when to use it, who to see, and what recommendations to follow. Health promotion aims at modifying lifestyle and behavior in order to improve health status. It is now realized that prevention of disease is preferable to cure; that it is less expensive to keep people healthy than to treat sickness; that deficiencies in lifestyle account for more than one half of all mortality; and that changes in personal habits, and control of health hazards in the environment, will do most to improve the nation's health. It is not surprising that great emphasis is currently placed on self-health care programs, health activation systems, smoking cessation, hypertension screening, stress management, health hazard appraisal and alternative healing methods.

However, if individuals are to perform their role as decision makers and determinants of their health, it is essential that they have access to relevant and useful information. It is not surprising that the supply of, and demand for, this information grows daily.

A number of factors can be cited which combine to influence the trend towards more active medical consumerism:

1. Health is a matter of growing interest and concern.
2. A new set of values, emphasizing self-realization, has helped create an emphasis on physical and emotional well-being.
3. Widespread public awareness of the problems of alcoholism, mental illness, drug abuse, teen-age pregnancy, sexually transmitted diseases, smoking, and so on.
4. Concern over nutrition, food purity, weight loss, etc., and preoccupation with effects of sodium, caffeine, fiber, cholesterol, etc.

5. Hazards of pollution and environmental factors; industrial health hazards such as asbestos; effects of radiation; and so on . . .
6. Increased awareness that medication must be carefully selected, used and monitored.
7. Cancer, heart disease, and other catastrophic diseases can be reduced by modifications in lifestyle.
8. Realization that health care is not synonymous with medical care.
9. Modification of life style can do much to modify risks of disease.
10. Public interest in self-health care initiatives with the individual being more willing to accept more responsibility for his/her own health.
11. Widespread acceptance of the concept of informed consent of being the basis for medical treatment.
12. Increasing interest on the part of many health care providers (especially those in family medicine, pediatrics, OB-GYN), in health education.
13. Interest in health education and life style modification in the work place to reduce absenteeism, sick leave and health care costs.
14. Widespread public concern over the availability, quantity, and quality of health care services. Painful awareness of rapidly escalating health care costs. Concern over medicare, medicaid, health insurance, advantages and disadvantages of health maintenance organizations, etc.

15. Increased participation of the layman in health care planning, rate setting on the part of insurance carriers, and so on.

16. A change in the doctor-patient relationship from a passive, trusting dependence to a more active role.

The complexity of the health care delivery system and the difficulty in making intelligent decisions based upon accurate and up-to-date information places a considerable burden on the average consumer.

Ellen Goodman, the syndicated columnist speaks of the problem of "being a medical consumer faced with an array of opinions that can be dizzifying as brand names in a supermarket ... . Willingly or not, we have become consumers, who treatment shop, who research diseases and cures more carefully than we research the purchase of a diswasher."

B. Outline:

1. The emergence of consumer power in the U.S. economy
2. Trends in consumerism
    * consumerism in the goods sector versus consumerism in the human services sector
    * consumer education
    * challenges to professional control and accountability
    * consumer activation
    * information for decision making to ensure informed and effective consumer choice
3. Factors in medical consumerism
    * rising health care costs
    * self-health care
    * modifications in life style
    * preventive medicine

* limitations of medical technology

* health promotion

* holistic medicine

* over-utilization of health care services

* critical evaluation of quality of services

* informed consent

* changing doctor-patient relationship

4. Federal Policy to Promote Health and Citizen Participation

* Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention, 1980.

* Health Maintenance Organization Act of 1973

* National Health Planning and Resource Development Act, 1974

* National Health Education and Disease Prevention Act, 1975

* National Consumer Health Information and Health Promotion Act, 1976

* Federal Health Information Clearinghouse

* The Office of Health Information, Health Promotion, Physical Fitness and Sports Medicine

* The Center for Health Promotion and Health Education, CDC

C. Readings:

Ardell, Donald. Higher Level Wellness: An Alternative to Doctors, Drugs and Diseases. Emmaus, PA: Rodale, 1977.

Cornaccia, Harold and Barrett, Stephen. Shopping For Health Care: The Essential Guide To Products and Services. New York: New American Library/Plume. 1982. 381p. $9.95 (Paper).

Gartner, Alan. "Consumers in the Service Society," in Alan M. Rees (Ed.) Developing Consumer Health Information Services. New York: Bowker, 1982. pp. 3-14.

Healthy People: The Surgeon General's Report on Health Promotion and Disease Prevention. 1979. DHEW Publication No. (PHS), 79-55071.

Lalonde, Marc. A New Perspective on Health Care of Canadians. Quebec: Information Canada. 1974.

Pelletier, Kenneth. Mind As Healer, Mind As Slayer: Preventing Stress Disorders. New York: Delacorte, 1977.

Vickery, Donald. "The Informed Medical Consumer: Personal Responsibility and Decision Making," In Rees, Alan M. (Ed.) Developing Consumer Health Information Services. New York: Bowker, 1982. pp. 15-33.

Chapter II

Health Information Needs of Consumers

A. Synopsis:

Despite the importance attached to their health, most Americans feel that they are not well informed about good medical care, mental illness, nutrition and diet. Surveys indicate that the level of knowledge varies by demographic group. Eighty percent of those who consider themselves well informed are in the middle to upper socioeconomic groups. The least informed are to be found among the poorer socioeconomic groups and minorities who need information most.

Few Americans understand the essentials of physical fitness and health maintenance. Widespread confusion exists as to what is, and what is not, good for one's health. Very few persons know exactly when, and when not, to seek professional medical advice. Most people do not know how to make prudent and economical use of the health care delivery system. As a rule, physicians do not communicate effectively or extensively with patients since the constraints of time and economics of medical practice militate against extensive patient education activity in the context of the doctor's office.

Consumer demands for health-related information are derived from medical, psychological and economic factors. In general, individuals are motivated by the desire to identify, alleviate and remedy diseases and ailments; by the need to access supporting services in their communities that can assist them in coping with the financial, social and psychological impact of illness; and by the intention of preserving

their health and preventing disease. Consumer demand for health information stems in many instances from the doctor-patient relationship. Information requirements often reflect the desire to extend, confirm or refute what has been learned from health-care professionals.

In response to the public's demand for health information, health fairs, TV Talk Shows, cable television, radio programs, etc. have endeavored to fill the need. The role of the library has begun to emerge with some clarity. Increasingly, the library (public, hospital, academic) is called upon to coordinate health information access at a local level, utilizing the many informational and educational resources available locally, regionally and nationally. Most people prefer to obtain information from a reliable source in their own community and increasingly turn to the library to satisfy their information requirements.

Study of reference requests at four libraries in the Greater Cleveland area revealed that approximately 6% of all reference requests were related to health. Librarians are highly conscious of the public demand for health information on topics such as drugs and medication, exercise, drug abuse, pregnancy and childbirth, contraception, alcoholism, nutrition, cancer, heart disease, herpes, mental health, nursing homes and so on . The appearance of medical authors on local TV talk shows, inevitably leads to requests for their books. Likewise, programs on cable television lead people back to the print resources of the library.

The types of health-related requests are varied and typically reflect the following:

1. Information on specific drugs and medications
2. Identification, symptoms, diagnosis, treatment and anticipated

outcome of diseases and ailments

3. Surgical procedures and attendant risks.
4. Details of diagnostic tests.
5. Where to go for help when needed.
6. Qualifications of specific health care providers.
7. Reliable (home) remedies for minor health problems.
8. How to cope with stress.
9. Exercise and physical fitness information.
10. Important signals of mental health problems.
11. Information on diet and weight loss.
12. Alcoholism and Drug Abuse.
13. How to cope with serious illness in the family
14. How to nurse patients at home.
15. How to communicate with teenagers about sex, drinking, drugs, etc.
16. How to select a doctor.

In brief, it takes considerable skill and knowledge to utilize health-care services effectively and economically. To stay fit and to cope with illness requires a degree of sophistication and effort. Good consumer health information is information that assists the individual in making decisions calculated to enhance his or her health status. The health-care consumer will never be fully informed, but must be fully involved, for it is his or her life and health at stake.

B. Outline:

1. Documented surveys of health information needs:

   * The General Mills Family Report, 1978-79

   * American Hospital Association -- Health: What They Know, What They Do, What They Want: A National Survey of Consumers and Businesses, 1978

   * The Perrier Study: Fitness in America, 1979

   * Health Maintenance. Louis Harris Survey for Pacific Mutual Insurance Company, 1978

2. Demand for health information:

   * In the community at large

   * In the public library

   * In the hospital (Patient Education)

   * In the doctor's office

3. Channels for disseminating health information

   * Dial-up Systems, TelMed, etc.

   * Health Fairs

   * Radio Programs

   * TV Talk Shows

   * Popular magazine articles (Cosmopolitan, etc.)

   * Cable Television

   * Books

   * Pamphlets

   * Audiovisuals

4. Consumer Health Information needs

   Motivation in relation to:

   Decision making concerning one's own health

   Prepare for medical treatment of surgical procedures

Confirm information received from a health professional

Learn more about prognosis

Coping (i.e. living with the outcome)

Personal reassurance

Improve communication with physicians

Evaluate the quality of health care received

Identify sources of support and self-health groups in community

Select physicians and other health providers

Evaluate hospitals, clinics and practitioners

C. Readings:

The General Mills Family Report 1978-1979: Family Health in an Era of Stress. Minneapolis: General Mills, 1979.

Health Maintenance. Survey Conducted by Louis Harris and Associates. Newport Beach, CA: Pacific Mutual Life Insurance Company, 1978.

Health: What They Know, What They Do, What They Want: A National Survey of Consumers and Businesses. Chicago: American Hospital Association, 1978.

Rees, Alan M. "The Needs of Consumers for Health Information," in Rees, Alan M. and Young, Blanche A. The Consumer Health Information Source Book. New York: Bowker, 1981. p. 3-20.

Taylor, Flora. "When You and Your Partner the Doctor Talk About Diagnosis." FDA Consumer 13 (November 1979), p. 13-15.

Chapter III

The Library Response to Consumer Health Needs

A. Synopsis:

Some librarians express considerable reluctance to provide health information since they fear legal action if the information supplied is proved to be incomplete, outdated, misquoted or misleading. The litigous nature of modern society adds to the reluctance of librarians to ris. potential malpractice suit. Two basic problems exist: does the provision of information constitute the unauthorized practice of medicine; and can a reference librarian be liable in the case of a patron who claims illness or injury incurred as a result of information given (or not given) by the librarian?

No librarian has yet been sued on these grounds. However, certain precautions can be taken by library staff to avoid any risk. These include:

1. Do not claim any expert medical knowledge.
2. Do not attempt to diagnose a person's symptoms; do respond to a specific request with information in general, but do not refer to the medical problems of a specific individual.
3. Do not evaluate medical information provided.

The librarian can, however, encourage the patron to discuss with his or her doctor the risks involved and the benefits that can be anticipated from a specific type of treatment. Furthermore, the librarian can be helpful to the patron by vouching for the accuracy and currency of the source of information supplied. Such statements as "the author is professor of surgery at Case Western Reserve University, is a nationally known authority on the subject; his book is in its eighth edition and it has been well reviewed" can be helpful. The librarian may also point

out the absence of a consensus on a subject and may consequently recommend books or articles that present an alternative point of view.

Formal CHI library programs have been developed in a variety of settings, mostly supported (at least initially) by LSCA funding through State Library agencies. Several have been based in public library systems: Consumer Health Information Consortium (CHIC) at the Onondaga County Public Library, (Syracuse, New York) and the Health Information Service of the Tulsa City-County Library System in Tulsa, Oklahoma. Others have been based in hospitals: the Consumer Health Information Network (CHIN), a consortium of six public library systems, managed by a permanent library staff at Mt. Auburn Hospital, Cambridge, Massachusetts; and the Consumer Health Information Program and Service, a joint program of the Harbor-UCLA Medical Center Library and the Los Angeles County Public Library (CHIPS).

Yet other programs have originated in health maintenance organizations -- Kaiser-Permanente Patient Health Library, Oakland, California; in a School of Information and Library Science -- InfoHealth Project at Case Western Reserve University; in a graduate School of Public Health -- Pittsburgh Consortium for Health Education at the University of Pittsburgh; and in academic medical centers -- a statewide project at the University of New Mexico Medical Center Library.

The objectives, organization, funding, collection development, reference services, public relations and promotion, etc. of CHIPS and CHIN are described in articles by Gartenfeld and Goodchild et alia. Detailed descriptions of these and other programs -- InfoHealth; Consumer Health Information Consortium (CHIC); Tulsa City-County Library System; Kaiser-Permanente and other programs are contained in Rees, Alan M. Developing Consumer Health Information Services. New York: Bowker, 1982. (See Sec-

tion C. Readings below.)

In addition to formal programs, with separate funding and identified personnel, there are numerous instances of unfunded activities, operated as part of regular library services. With a small budget for the purchase of a small amount of basic reference publications, books and pamphlet materials, a high level of service can be provided. (See Chapter 10 below.)

A large amount of information on CHI library activities was gathered in 1980-1981 by Raven Systems and Research Inc.under a contract from the Center for Health Promotion and Education, Centers for Disease Control. The purpose of the Raven Study was to investigate library/health education networking as a means for improving the availability and use of health information and health promotion resources and services. Due to the cessation of funding, only the first phase of the project was carried out; to identify and document CHI library projects, program elements and structure, and supportive sources. Unfortunately, the design and implementation of model CHI networks still remains to be funded.

However, the Raven Project made an intensive study of operational, functional and service characteristics.

The programs studied were:

* CHIN (Consumer Health Information Network), Mt. Auburn Hospital, Cambridge, Massachusetts

* CHIPS (Consumer Health Information Program and Services/ Salud Y Bienestar), Los Angeles, California

* The Health Library at Kaiser-Permanente Medical Center, Oakland, California

* InfoHealth: A Project of the Matthew A. Baxter School of Information and Library Science, Case Western Reserve University, Cleveland, Ohio

* The Library/Learning Resource Center Network of the North Carolina AHEC Program, Chapel Hill, North Carolina

* The North Dakota AHEC Library System, Grand Forks, North Dakota

* The Onondaga County Public Library Consumer Health Information Consortium (CHIC), Syracuse, New York

* The Tulsa City-County Library's Health Information Service, Tulsa, Oklahoma

* The University of New Mexico Medical Center Library's Statewide Outreach Program, Albuquerque, New Mexico

* The University of Pittsburgh School of Public Health Library, Pittsburgh, Pennsylvania

Each of the programs studied was given a sub-contract from Raven to document its history, organization and governance, funding, services, population served, promotion and marketing, problems encountered and future plans. The outcome of the Raven Study was a Program Study Report, which is a summary and synopsis, and individual reports describing each program in considerable detail according to a standardized format.

Three major types of CHI programs are enumerated: self-sustaining facility; parent-child pattern; and embedded organization structure. Using this classification, Raven arrives at the following groupings.

Type A: Self-Sustaining Facility

-- all organizational elements within one governing body.

* Tulsa City-County Consumer Health Information Project
* Kaiser Health Library and Regional Health Library Services, Oakland, California
* Onondaga County Public Library Health Information Project, Syracuse, New York

Type B: Professional Organization (e.g. hospital, medical center library, school of library science) working in conjunction with one or more public libraries.

* CHIPS (Los Angeles)
* CHIN (Cambridge, MA)
* InfoHealth (Cleveland, OH)

Type C: Embedded Organizational Structure

-- all members of a library network are embedded in medical care settings on a statewide level.

* University of New Mexico Library Outreach Program
* North Carolina AHEC Library System
* North Dakota AHEC Library System

The Raven Study and the chapters in Developing Consumer Health Information Services (Bowker, 1981) provide an in-depth picture of the present state-of-the-art of CHI services.

Effective CHI services necessitate multitype library cooperation involving public, hospital and academic health sciences libraries. In this connection health sciences librarians are mostly inexperienced in, and their libraries ill-suited for, providing library services to the lay public. However, the public library should be able to draw upon the specialized publications and materials held by health sciences libraries. Of even greater importance is the specialized knowledge of health and information resources possessed by the health sciences librarians. This fact suggests that health sciences librarians can best serve as consultants, educators and reference specialists in order to assist the public library to discharge its responsibility to provide information to the community.

The library has the potential of being a vital force in promoting health in the communities served. The possibility exists of creating, in addition to linkages between types of libraries, community-wide, or perhaps state-wide, networks linking libraries with voluntary health associations, government agencies, state departments of public health, medical societies, hospitals and medical schools.

B. Outline:

1. Role of the library in relation to health promotion and health education

2. Legal and ethical considerations in providing health information

   * information contrasted with opinion and advice

   * definition of medical practice -- diagnosis and treatment

   * responsibility for providing accurate, reliable information verbatim

   * avoidance of diagnosis or personal interpretation

   * liability for illness or injury claimed to be incurred as a result of information supplied

   * to date, no librarian has ever been held liable for negligence in supplying or failing to supply information to a patron

   * necessary precautions to be taken in improving library services

3. Nature and extent of demand for library services with respect to:

   * Circulation

   * In-house usage

   * Reference requests

4. Characteristics of Formal Programs --

   * Objectives

   * Organization

   * Funding

   * Collection development

   * Reference Services

   * Networking

   * Public Relations and Promotion

   * Community linkages and support

   * Evolution

   * Education

5. Description of Typical Programs in Public Libraries, Hospitals, Health Maintanance Organizations, Schools of Library Science, etc.

   CHIN------Boston

   CHIPS-----Los Angeles

   InfoHealth------Cleveland

   Health Information Service-----Tulsa

   Kaiser-Permanente-----Oakland, California

   etc.

6. Consumer Health Information Activities integrated in general library services. Examples.

7. The emerging role of the library as a focal point for the dissemination of health information in the community.

8. Definition of the respective roles of:

   * the Public Librarian

   * the Hospital Librarian

   * the Academic Medical Centers Librarian

C. Readings:

Allan, Luella. "Legal and Ethical Considerations in Providing Health Information."**

Eakin, Dottie, Jackson, Sara and Mannigan, Gale. "Consumer Health Information: Libraries as Partners." Bulletin of the Medical Library Association v. 68 April 1980. p. 220-229.

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Jennings, Kelly. "Health Information Service -- Tulsa."**

Marshall, Joanne Gard. "McMaster University Health Sciences Library and Hamilton Public Library, Hamilton, Ontario."**

Quay, Caren K. "Health Library of the Kaiser-Permanente Medical Care Program, Oakland, California."**

Raven Systems and Research. Program Study Report. Prepared for the Community Program Development Division, Center for Health Promotion and Education. Centers for Disease Control, Contract No. 200-80-5025, January 1982.

Rees, Alan M. "The Role of the Library in Consumer Health Information Services," in Rees, Alan M. (ed.) Developing Consumer Health Information Services. New York: Bowker, 1982. p. 34-41.

Rees, Alan M. and Janes, Jodith. "InfoHealth Project--Cleveland."**

Yellot, Lynn. "Onondaga County Public Library and the Consumer Health Information Consortium, (CHIC), Syracuse."**

** Chapters in Rees, Alan M. (Ed.), Developing Consumer Health Information Services. New York: Bowker, 1982.

Chapter IV

Collection Development and Materials Selection

A. Synopsis:

The identification and selection of books and other materials involves the same principles and techniques applied to other types of library resources. One does, however, experience considerable difficulty in judging the quality of some publications, the sensitive nature of certain topics and the potential for harm posed by some books and pamphlets.

Certainly, there is no shortage of CHI publications. More than 1,200 books are published annually on CHI topics. Almost every disease or medical problem has its explanatory book. This is true of multiple sclerosis, muscular dystrophy, epilepsy, herpes, anorexia nervosa, schizophrenia, asthma, allergies, and so on. The major diseases such as cancer, heart disease, diabetes, arthritis are described in a multiplicity of books specifically written for lay audiences. The current pamphlet literature, published by some 220 organizations is estimated at about 1600 publications covering almost every disease, syndrome, ailment, medical problem or condition. Help Yourself To Health: A Health Information and Services Directory (Putnam's, 1980) although somewhat out-of-date, lists brochures and pamphlets with addresses of organizations and services. The Consumer Health Information Service -- CHIS 1982 (Microfilming Corporation of America) provides subject access, annotations, and the full text on microfiche, of some 1,300 pamphlets, booklets, brochures of the major government agencies, pharmaceutical companies, voluntary health

associations, professional associations, food companies, insurance companies, and research foundations.

In addition, there are numerous health magazines and newsletters (American Health, Prevention, Family Health, Harvard Medical School Health Letter) and the medical coverage of popular consumer magazines, such as Cosmopolitan, Redbook, Family Circle, Good Housekeeping, Consumer Reports, and so on.

Criteria for selecting materials must take into account a number of factors. The InfoHealth Project in Cleveland has adopted the following criteria:

I. Books --

1. Qualifications of the Author: academic credentials, institutional affiliation; authority and credibility; previous publication record; professional certification; awards and honors.

2. Content/What Is Said: addresses a significant topic; comprehensive; accurate; valid; objective; reflects current knowledge; balanced; documented; authoritative.

3. How It Is Said: quality of writing; style; tone; vocabulary; readability.

4. Ease of Use: clear organization; contains detailed table of contents, indexes, glossary.

5. Provides Leads to Further Information: bibliographies, reading lists, referral sources; resource organizations.

6. Physical Quality: size of type, clarity of print, quality of paper, aesthetic appeal; binding; durability.

7. Consumer Orientation: usefulness in making intelligent decisions concerning an individual's health and use of health-care services; appropriate for lay use in terms of tone and vocabulary; supportive rather than threatening; educational.

CHIN has used similar criteria for selection:

1. Accuracy

2. Currency

3. Point of View (balance vs. biased)

4. Audience Level and Usefulness

5. Scope of Coverage - Completeness

6. Organization

7. Style

8. Physical Format

Sensitive awareness of the selection criteria can be used to solve a number of problems with respect to the purchase of books. Some of the problems likely to be encountered are:

1. Does one immediately rush to purchase multiple copies of a book that was touted by the author on the local TV talk show?

2. Does one purchase materials that promote unconventional and unorthodox medical practices?

3. Does one respond to ephermeral and transient fads?

4. Does one purchase books that are hostile to the organized medical establishment?

5. Does one acquire books that contain frank, explicit information with respect to the risks of surgical procedures and mortality rates?

6. Does one purchase "health" books that focus primarily on ethical problems such as euthenasia and abortion?

It is advisable to seek the opinion of the medical community. Although the ultimate decision must rest with the library staff, physicians and other health care professionals can be most helpful and supportive in the selection of appropriate publications. While it is unrealistic to expect physicians to review each book, one can request their assistance in formulating a selection policy. Many physicians are intrigued to learn what popular materials are available and to discover what their patients are reading. They are willing to review specific books in order to refine general policy. Looked at from another point of view, it makes good political sense to involve health care professionals in the selection

process.

II. Pamphlets --

The problem of evaluating pamphlet materials is basically the same as that of assessing books. One significant advantage exists with pamphlets, booklets, and leaflets in that almost without exception producers have evaluated and endorsed the content. The producers--voluntary health associations, food companies, insurance companies, commercial producers--routinely subject the content to expert evaluation in an attempt to ensure that their publications are current and accurate. Consequently, one can have confidence in acquiring publications from the Arthritis Foundation, the National Cancer Institute, and similar organizations.

Although the reputation of the producer and the accuracy of the content is not at question, a number of important factors should be taken into account in the selection of pamphlets:

1. Readability: Very easy; easy; average; difficult
2. Intended Use: General explanation, detection, prevention, diagnosis, treatment, rehabilitation, etc.
3. Targeted Audience: Children, adults, men, women, elderly, family, etc.
4. Cultural/Ethnic group: Blacks, Hispanics, Native Americans, Others
5. Language: English, Spanish, other
6. Overall Presentation: Illustrations, format, organization, definitions, style

At issue is not quality but rather the appropriateness and readability of a particular pamphlet in relation to a specific purpose and target audience, taking into account cultural and ethnic characteristics and language.

III. Popular Health Journals, Magazines, Newsletters --

Attention should be given to the acquisition of low cost health magazines and newsletters specifically aimed at the lay audience. These include:

American Health
America's Health
Family Health
FDA Consumer
Harvard Medical School Health Newsletter
Medical Self-Care
Prevention: The Magazine For Better Health

These magazines offer simple and succinct information on a wide variety of health topics, focused for the most part on staying well and promotion of physical fitness.

IV. Consumer Magazines --

Another valuable, and inexpensive source of health information lies in the popular consumer magazines. These contain excellent coverage of major health topics prepared by physician specialists and medical writers. An astonishing amount of health-related information is to be found in the following examples:

* Good Housekeeping
* Family Circle
* Consumer Reports
* Redbook
* Spring
* Cosmopolitan
* Ladies Home Journal
* McCalls
* Ms.

* Woman's Day

* Better Homes and Gardens

* Self

An analysis of the content of such magazines reveals that almost 22% of the total content is health-related, largely centered on physical fitness, nutrition, contraception, pregnancy and childbirth, skin and hair care, cancer, and so on. About one third of the authors are medical specialists. Since most libraries already subscribe to these journals, one can have recourse to a large corpus of health information without any significant expenditures of money. Subject access to these magazines is, of course, provided by Magazine Index and Readers' Guide to Periodical Literature.

GENERAL SELECTION GUIDELINES

In general, the selection of books, pamphlets, and magazines should follow a number of guidelines:

* Purchase high-quality, well-reviewed publications published by reputable organizations with qualified authors.

* Acquire a small representative sample of unconventional publications reflecting alternative medical practices such as acupuncture, rolfing, homeopathy, herbal medicine, and so forth.

* Stock the fad diet books but also suggest and provide authoritative works on nutrition and weight loss.

* Provide at least a few works that are challenging to the medical establishment. Polemics deserves a place on library shelves.

* Select books that round out the collection and avoid the purchase of books that duplicate present holdings. There is little need to purchase every new publication on cancer or heart disease. Instead, purchase a book on, for example, epilepsy, about what little has been written on a popular level.

* Avoid bias. In view of the lack of consensus on many topics within the medical profession, it is advisable to purchase materials that represent diverse points of view. This principle applies particularly to topics such as mastectomy, cholesterol, X-ray exposure, and drug safety.

* Do not interject morality into selection policy. Purchase materials on subjects such as abortion, euthenasia, drug abuse, birth control, and teenage pregnancy on the basis of the accuracy and credibility of the subject content rather than on moral principles.

* Utilize common sense.

SELECTION AIDS

Use may be made of the following for identifying and selecting books:

Library Journal

Kirkus Reviews

Medical Self-Care

Booklist

CHOICE

Publishers Weekly

Trade Catalogs (Addison-Wesley, Random House, Simon and Schuster, Little & Brown, etc.)

Professional Journal reviews (Journal of Nutrition, Education, etc.)

It is also profitable to scan popular magazines such as Time and Newsweek for reviews of health-related books. Major newspapers such as The New York Times, Los Angeles Times, Boston Globe and Chicago Tribune regularly review health books.

Pamphlets can be identified by scanning the monthly issues of the Vertical File Index, Consumer Information Catalog of the Consumer Information Center, the Special Bibliographies series of the Superintendent of Documents and the publications catalogs of the National Institutes of Health and its component Institutes.

B. Outline:

1. Problems in Materials Selection

    * Fad Books

    * Unconventional and unorthodox medical topics

* Esoteric publications

* Publications hostile to the medical profession

* Redundant publications duplicating existing holdings

* Frank and explicit information on complications, risks, mortality rates of surgical procedures, etc.

* Sociological, ethical topics

* Foreign language materials

2. Criteria for Selecting Materials

* "Good" equals publications which assist the individual in making effective decisions with respect to his/her own health practices and utilization of health care services.

* Enumeration and description of typical selection criteria for specific purposes and specific conditions:

  Comprehensiveness

  Accuracy

  Balance

  Tone

  Readability

  Authority

  Consumer orientation, etc.

* Establishment of basic core collection

  Basic building blocks

  Factors to be considered

3. Materials

* Characteristics, sources, costs of:

  Popular Books

  Professional Books

  Pamphlets

  Audiovisuals

  Other ...

* Bibliographic access to materials

  Selection tools

  Announcement mechanisms

  Trade catalogs

C. Readings:

Gartenfeld, Ellen and Dalton, Leslie. "Evaluating Printed Health Information for Consumers." Bulletin of the Medical Library Association. v. 69 July 1980. p. 322-324.

Rees, Alan M. "Collection Development," in Rees, Alan M. (Ed.). Developing Consumer Health Information Services. New York: Bowker, 1982. pp. 191-201.

Chapter V

Reference Tools and Techniques

A. Synopsis:

I. Nature and Type of Reference Questions

In terms of subject scope, one can identify eight categories of questions. These are:

1. General:

* Exercise Books for the Elderly
* How is Ultrasound used in medical tests?

2. Diseases (Nature, causes, symptoms, diagnosis, treatment, prognosis, rehabilitation)

* Leukemia in children
* How to help a person recover from a stroke?

3. Drugs (medication: Rx and OTC)

* Composition of Inderal
* Side effects of Macrodantin

4. Nutrition (Diet, weight control, food additives, vitamins)

* Beverly Hills Diet
* Identification of high potassium foods

5. Health Concerns of Women

* How to get pregnant/How not to get pregnant
* Fibrocystic breast disease

6. Mental Health/Substance Abuse

* Anorexia Nervosa
* Symptoms of Schizophrenia
* PCP

7. Dictionary Definitions (in relation to diseases, syndromes, medical and dental problems, etc.)

* Hyperventilation
* Medical term for "lack of tears"

8. Directory Information (in relation to physicians, dentists, HMO's, hospitals, nursing schools, careers, resource organizations, etc.)

* Nursing school entrance requirements
* Qualifications of a specific M.D.
* Schools that teach acupuncture

II. The Reference Interview

Tact, discretion, sympathy, and empathy are required in assisting persons with health information needs. Many requests stem from highly personal and sensitive problems relating to contraception, pregnancy, venereal disease, masturbation, drug abuse, bedwetting, fibroids, and so on. There is a natural reluctance on the part of many people to be explicit in any patron-librarian dialogue.

Effective communication is required when dealing with, for example, heart disease. Only skillful questioning can pinpoint whether information is needed on the nature of disease, symptoms, treatment, prognosis, diet, rehabilitation, complications, life expectancy, and so on. All of this underscores the need to utilize effective and appropriate reference interviewing techniques.

Some fundamental operating principles for conducting reference interviews are suggested by Kelly Jennings:[1]

* Does the patron remember what terms the physician used? Are they lay or professional terms?

* Does the patron know the correct spelling? (Terms sometimes sound familiar. If the patron is unsure of the name of the spelling and we feel that guessing may cause us to provide inaccurate information, we ask the patron to verify the terminology with the physician first. Medical librarians in hospitals and colleges can sometimes help decipher a patron's questions, or clarify the points

1 Jennings, Kelly. "Reference Tools and Techniques," in Rees, Alan M. (Ed.). Developing Consumer Health Information Services. New York: Bowker, 1982. pp. 207-208.

that we need to ask the patron).

* What type of information does the patron want? What parts of the body are affected? How is the illness or condition treated? Is information on prognosis (future outcome) desired?

* Does the patron want information on medications? Does the patron know a generic or trade name? Is it a prescription or Over-the-Counter (OTC) drug? What information does the patron need: side effects, common dosage, common use, interaction with other medications, food, or beverages? Does the patron want information from the Physicians Desk Reference (PDR) or a simple lay definition? (Patrons are sometimes not aware that other good reference books on drugs are available. They ask for PDR because they have seen doctors use it. When possible, we use lay reference books for answering phone questions as there is little chance of misunderstanding the information).

* What level of information does the patron need? Does he or she want a definition written for the general public or for the health professional? If only professional-level materials are available on the subject, will the patron want to use it?

* How much information is needed? A short definition? A monograph?

* Is the information for the caller, a family member, or a friend?

* How immediate is the need?

* If the request is about a new treatment or medicine, ask the patron where he or she heard or read the information?

It is the responsibility of the reference librarian to supply information and not to evaluate it. Under no circumstances should the reference librarian attempt to apply information to a particular person's medical problems. Medical diagnosis must be avoided. This involves recommending a medication or treatment to follow; recommending a medication or alternate medication to the one the patron is taking; or assisting the patron in self-diagnosis.

Information should be quoted verbatim. Patrons should be reminded that alternate sources of information may be available. Also, patrons should be advised as to where further information can be obtained--from their physician, voluntary health organization, clinic or other community resources.

Some judgment must be exercised in relation to how much information should be supplied. In some instances, a single pamphlet will suffice. In other circumstances, more detailed and substantial information will be required. Discretion must also be exercised as to the prognosis or probable outcome of diseases or surgical procedures. One would not refer the average inquirer to Eisenman, What Are My Chances? which contains statistical probablities of survival rates for a wide range of medical problems. Such information can be both misleading and threatening to the average library user. Jennings suggests that before reading a prognosis one should say, "There is a prognosis given here. Do you want me to read it to you, or would you prefer to have this information from your physician?"

The essential problem is not one of whether or not to withhold information but rather how much to supply. The increasing frankness, openess and willingness to disclose information on the part of physicians should point the way for reference staff. Information requests made to librarians often stem directly from the doctor-patient relationship. Requesters may desire to extend, confirm, or refute what has been learned from health care professionals. In this manner, a very large percentage of questions relate to the symptoms, identification, and treatment of diseases and the medication. Alternatively, some patrons gather information on their medical condition in order to frame pertinent questions to be asked of their doctor. Seen from this point of view, the librarian can be of great assistance in improving the patient-physician relationship, furthering communication and achieving greater compliance.

B. Outline:

1. Nature and Types of Reference Requests

   * Diseases: symptoms, diagnosis, treatment, etc.
   * Drugs and medications
   * Directory information
   * Dictionary definitions
   * Physical Fitness - Wellness - Exercise
   * Nutrition and Weight Control
   * Health Concerns of Women
   * Health Concerns of the Elderly
   * Health Problems of Children
   * Other ...

2. The Reference Interview

   * Sensitivity and personal nature of the questions
   * Confidentiality
   * How to ask the right questions to elicit need
   * Type and level of information needed
   * Purpose for which information is required
   * Policy: no diagnosis and no interpretation
   * For whom information is required?

3. Reference Policy

   * Accurate information not advice
   * Cite source
   * Quote verbatim
   * Give date
   * Remind patron there is often no consensus
   * Suggest other sources, if required
   * Limit information to minimum necessary
   * Suggest community resources
   * Encourage patron to check with their physician

4. Reference Tools

   * Dictionaries
   * Texts
   * Handbooks
   * Abstracting/Indexing Services

   - with examples -

C. Readings:

Jennings, Kelly. Reference Tools and Techniques in Rees, Alan M. (Ed.) Developing Consumer Health Information Services. New York: Bowker, 1982. pp. 202-216.

Jennings, Kelly. Consumer Health Information: The Public Librarian's Role. Tulsa, OK.: Tulsa City-County Library System. 1980.

Chapter VI

Other CHI Services

A. Synopsis:

The range of CHI service activities has been summarized in the Raven Study. In addition to traditional reference service, one can identify at least the following activities currently undertaken by many libraries:

1. Educational Workshops:

   usually conducted by medical libraries, often with the assistance of health care professionals, for the purpose of training library staff in the use of materials and reference techniques.

2. Consultation:

   assistance in the design, establishment and evaluation of CHI programs.

3. Union Lists:

   consolidated listing of the holdings of a number of libraries.

4. Interlibrary Loan:

   Special arrangements to facilitate loans of CHI books and materials.

5. Publication of Manuals and Guidelines

   "How to" manuals to assist library staff in materials selection, reference interviews, etc.

6. Production of Bibliographies

   Creation of bibliographies on CHI specialized topics, oriented towards a specific disease, medical problem, ailment, etc.

7. Newsletters:

   Directed primarily towards professional librarians containing notices of new acquisitions, pamphlets, information clearinghouses, project activities, educational programs, reference tips, etc.

8. Videotape Production:

   Created for consumer education: e.g., how to talk to your doctor.

9. Database Searching:

   Use of Medline and other data bases for answering reference requests.

10. Rotating Library Collections:

    Creation and use of a rotating collection moved from one library site to another to provide coverage of a large geographic area.

11. Tel-Med Service:

    Maintenance of a dial-up service providing the community with access to several hundred recorded messages on health topics.

12. Closed Circuit Television:

    Use of closed-circuit television to provide health education programs to public libraries.

13. Publicity:

    Vigorous promotion of health-related library services in the community.

14. Information and Referral (I and R):

    Directing patrons to appreciate community health agencies, voluntary health associations and other supportive services.

15. Health Fairs:

    Participation in health fairs in which local hospitals, physicians, health organizations, nurses distribute health information materials and conduct screening and testing for hypertension, etc.

16. Book Sales:

    Stocking and selling of health related books.

17. Health Education Programs:

    Guest speakers (health experts) lecture to the public on topics such as drugs, physical fitness, nutrition, etc. with library sponsorship.

The range of these CHI services offered by libraries (public, hospital,and others) is quite remarkable and reflects a great deal of imagination and innovative ability. Obviously, not all libraries provide all 17 services but the list is indicative of what is currently provided and offers valuable suggestions for librarians desirous of CHI services.

B. Outline:

1. Education of professionals

    * Educational Workshops
    * Consultation

2. Technical Support for Professionals

    * Union Lists
    * Interlibrary Loan
    * Publication of Manuals of Guidelines

3. Materials Production

    * Bibliographies on Special Topics
    * Videotape Production
    * Newsletters

4. Direct User Services

    * Data Base Searching
    * Rotating Library Collection
    * TelMed Service
    * Closed Circuit Television programs
    * Publicity
    * Information and Referral
    * Health Fairs
    * Book Sales
    * Health Education Programs

C. Readings:

1. Raven Systems and Research. Program Study Report. January 1982.

Chapter VII

Networking and Multi-type Library Cooperation

A. Synopsis:

The reasons for libraries to work together to provide consumer health information services are economic- and personnel-related. Self-sufficiency is impossible and the specialized skills of medical librarians can contribute significantly to the success of health information services.

Better service can be provided by cooperative activities:

Collection Development:

Members develop their holdings on a cooperative basis, avoiding duplication and ensuring the most efficient and effective use of scarce dollars.

Document Access and Delivery:

Regular delivery schedules facilitate the exchange of resources, interlibrary loans, etc.

Education and Training:

Many medical library networks have provided specialized training for public librarians utilizing the personnel of academic medical center libraries.

Evaluation:

Most networks have designed and implemented procedures for measuring the effectiveness of library services and performance.

Information Exchange:

Network management offices have initiated various publications such as newsletters, union lists, directories, etc. to facilitate the flow of information amongst network members.

Network Management:

Most networks have a centralized management unit responsible for planning, coordination, budgeting and accountability of funds.

Reference Assistance:

Training in reference interviewing and technique, resource devel-

opment and service backup is provided by many networks. Often an academic medical center or hospital library provides the specialized training and reference assistance to public libraries linked in a consortium or networking arrangement.

Resource Sharing:

Typical cooperative activity involves cooperative acquisitions, accessing data bases, providing interlibrary loans, and preparing union lists of consumer health information publications available locally.

Examples of Networks -

a) Academic Health Science Libraries:

Houston Academy of Medicine - Texas Medical Center Library; Eccles Health Sciences Library, University of Utah; University of New Mexico Medical Center Library

b) Hospitals:

Veterans' Administration Hospital - Twin Cities Biomedical Library Consortium, Minneapolis
Overlook Hospital, Summit, New Jersey
Mt. Auburn Hospital, Cambridge, Massachusetts - CHIN

c) Health Maintenance Organization:

Kaiser-Permanente Medical Program Patient Health Library, Oakland, Ca.

d) Public Libraries:

Onandaga County Public Library System, Syracuse, New York
Tulsa-City County Public Library, Tulsa, Oklahoma

Library networks may be considered from a number of points of view:

1. Objectives
2. History-Origin-Evolution of Program
3. Program Organization and Structure
4. Consumer Participation
5. Funding
6. Population(s) served
7. Community Linkages
8. Networking with other libraries

9. Services Provided (What and How)

10. Usage Data

    * Book circulation
    * Reference Transactions
    * In-house Usage, etc.

11. Publications: articles, bibliographies, newsletters, etc.

12. Training Programs

13. Collection Development

14. Advertising, promotion, marketing of CHI Services

15. Problems

Lynn Yellott has described a Utopian Health Information Network. This would contain five component elements:

a) Libraries (medical and public)

b) Volunteer health agencies

c) Public health agencies

d) Private physicians

e) Schools and educational institutions

These components would mesh and be linked to each other by modern communications technology. No matter where a patron entered the network, he or she would have immediate access to the total resources of the network. If interlibrary linkages could not satisfy the requester, referral would be made to the voluntary or public health agencies. Private physicians would serve as a monitoring and advisory group, reviewing print and non-print materials and assisting librarians in assessing the quality of their responses to reference questions. Educational institutions, such as schools of library science and public health, would serve to train librarians in improving library practice through workshops and formal course offerings.

The Utopian Network is, of course, far from reality but progress has been made in forging such linkages. The Raven Study noted that while interlibrary cooperation seemed adequate, virtually all other potential networks seemed insufficiently developed and used. In particular,linkages with public and private health agencies were weak and few viable, ongoing relationships had been created.

The long-range plan initiated by the Center for Health Promotion and Health Education of CDC, (the first phase of which was implemented by the Raven Study), looked towards the creation, for demonstration purposes, of several statewide CHI networks. These experimental networks would link together public libraries, medical libraries, hospitals, schools of public health, state libraries, voluntary health agencies and state departments of health. Hopefully, such an imaginative networking structure will be funded. In the meantime, at a local level, mutually profitable relationships can be forged and nurtured between various types of libraries and health-related agencies and institutions.

B. Outline:

Definition of Networking:

> Two or more libraries and/or organizations engaged in a common pattern of information exchange, through communications, for some functional purpose. A network usually consists of a formal arrangement whereby materials, information and services provided by a variety of types of libraries and/or other organizations are made available to all potential users. (NCLIS, 1975)

Advantages of Networks:

Economic:

- Sharing and access to centralized, comprehensive resources replacing self-sufficiency

Personnel:

- Sharing of skills and expertise

User considerations:

- Benefits accruing from network access

Network functions:

- Collection development
- Document access and delivery
- Education and training
- Evaluation mechanism
- Information exchange
- Reference assistance
- Resource sharing

These can be placed in three categories:

- Those that serve the patron directly
- Those that serve member libraries directly and patrons indirectly
- Those that support the network structure

Examples of Networking involving academic health sciences libraries, hospital libraries and public libraries:

- CHIPS
- CHIN
- Houston Academy of Medicine/Houston Public Library
- Kaiser Permanente Medical Program Patient Health Library, Oakland
- Twin Cities, Biomedical Library Consortium (Minneapolis)
- Heart of Illinois Library Consortium (Peioria School of Medicine, University of Illinois)
- Overlook Hospital, Summit, New Jersey
- Tulsa City - County Public Library
- Onanadaga County Public Library
- InfoHealth Project (Cleveland, Ohio)
- Resource Information Network for Cancer (Los Angeles, CA)
- Idaho State Library
- Structure of the Utopian Health Information Network (Yellott)

C. Readings:

Angle, Joanne G. "Networking and Interlibrary Cooperation," in Rees, Alan M. (Ed.). Developing Consumer Health Information Services. New York: Bowker, 1982. pp. 235-254.

Eakin, Dottie, et al. "Consumer Health Information: Libraries as Partners." Bulletin of the Medical Library Association. v. 68 April 1980. p. 220-229.

Markuson, Barbara Evans and Wools, Blanche (Eds.) Networks for Networkers: Critical Issues in Cooperative Library Development, New York: Neal Schuman, 1980.

Yellott, Lynn. "Onondaga County Public Library and the Consumer Health Information Consortium (CHIC), Syracuse." in Rees, Alan M. (Ed.). Developing Consumer Health Information Services. New York: Bowker, 1982. p. 51-79.

Chapter VIII

Community Linkages, Public Relations and Funding

A. Synopsis:

Goodchild states that an essential element in the formation of consumer health information services is the establishment of community linkages, not only to support and expand health information services per se, but to share the responsibility of providing the service and identifying funding sources.

Community linkages involving libraries with hospitals, voluntary health agencies, etc. can have enormous impact. Since most health agencies are supported by public monies and are mandated to reach as many people as possible with their information services, they have much in common with libraries. Both serve educational functions and it is quite logical for such organizations to work together to pursue the common goal of reaching the public.

Linkages should be forged between libraries and the voluntary health organizations (American Heart Association, Arthritis Foundation, etc.); medical societies (Academy of Medicine); health maintenance organizations (Kaiser Permanente, etc.); hospitals (university centers, community hospitals, etc.); clinics (city, private, etc.); community mental health centers; Blue Cross-Blue Shield Associations and other insurance carriers; pharmaceutical companies; and hospital associations (local and state). All of these organizations can provide considerable assistance to libraries in program planning, educational programs, funding applications, and so on.

The media can also be most helpful in the planning and implementation of library programs. Most larger newspapers have a medical reporter who covers news of medical significance. Publicity can be obtained for library services and innovative health information activities.

Likewise, television and radio stations are sensitive to medically-oriented services and programs. One can contact either the news program producer or reporters who cover consumer and/or medical stores. Likewise, "television doctors," who appear several times a week with information/educational programs are usually willing to promote the library as a source of health information. Local talk shows also may be willing to have a librarian interviewed on the subject of health information services. Cable television companies, involved in community information programming, may be interested in library-sponsored programs.

Such promotional/marketing activity gives the library visibility and credibility in the community served and can lead to increased usage of library services and possible sources of funding. State Library agencies offer an excellent source of financial support through LSCA funding.

Experience derived from promotional activity indicates that an increase in demand for products and services results from an advertising campaign but drops off sharply after a short lapse of time to its former level. Consequently, it is necessary to ensure a constant source of referral to CHI services and not just a "one-shot" publicity campaign. This can be achieved by posters, newsletters, local newspapers and public service announcements (PSA's).CHIPS has very successfully used PSA's on television stations in Los Angeles to publicize its services.

Another effective technique is to work with patient educators in local hospitals in order to solicit referrals. Often a state or

regional hospital association can be contacted for this purpose.

At the institutional level, particularly in hospitals, it is necessary to convince the management (i.e. administrator) of the value of CHI services. Hospitals are very conscious of the value of community service and efforts directed towards assisting the lay public in increasing its awareness of physical fitness and disease prevention may be welcomed. The public relations department of hospitals can be of great assistance in supporting information services for the community. Although direct library service may not be considered as appropriate, cooperative arrangements can be made with local public libraries for referral and mutual assistance. A policy statement should be prepared to indicate the attitude of the hospital concerning health information services to patients, their families and the general public.

Funding is available from State Library agencies under LSCA grant programs and many CHI activities has received such support. However, other sources of support may very well be explored: local foundations, charitable trusts, national foundations and individual donors. A well written proposal that stresses service to the community and the potential contribution to public welfare may be very attractive to granting institutions. The chances of success are considerably enhanced if the proposal is endorsed and supported by the medical staff, local medical society and so on. In many instances, foundations have never considered the possibility that library-based information service can make a vital contribution to the health of the community.

B. Outline:

1. Importance of Community Linkages

   * Contacting health-related, community organizations

     - Voluntary health organizations
     - Medical societies
     - Community planning agencies
     - Health maintenance organizations
     - Hospitals
     - Clinics
     - Community mental health centers
     - Blue Cross-Blue Shield and other insurance carriers
     - Pharmaceutical representatives
     - Hospital associations

   * Cooperative activity

     - Joint planning
     - Shared costs
     - Joint services

2. Use of Media

   * Newspapers

     - Cooperation with medical reporters
     - Publicizing library programs and activities
     - Magazine section articles

   * Television and Radio

     - Cooperation with consumer and medical reporters
     - Use of "TV doctors" to publicize library resources and services
     - Book review clubs on Television
     - Work with cable companies to develop programs for health education

3. Development of Promotional Materials

   * Pamphlets, brochures, bookmarks, etc. to publicize library activities and services
   * Direct mailing and distribution techniques for disseminating promotional materials

* Effective use of graphics in publications, signs, etc.

4. Funding

* Sources of funding at the local, state and regional level

* Techniques in obtaining community-wide support in grant applications

* How to prepare effective, persuasive proposals

* Relationships with State Library agencies

* LSCA Program as source of support

C. Readings:

Edsall, Marion. Library Promotion Handbook. Phoenix: Oryx Press. 1981. $24.50; $19.50 paper.

Goodchild, Eleanor. "Community Linkages, Public Relations and Funding," in Rees, Alan M. (Ed.). Developing Consumer Health Information Services. New York: Bowker, 1982. pp. 222-224.

Leerburger, Benedict A. Marketing the Library. White Plains, N.Y.: Knowledge Industry Publications. 1981. $36.50; $27.50 paper.

Chapter IX

Training of Library Personnel

A. Synopsis:

I. Special Skills Required

The skills required for the successful performance of consumer health information services can be considered in relation to four major problem areas:

1. Subject Content:

-- The reference librarian is confronted with requests on a wide variety of topics -- drugs and medication, Alzheimer's Disease, nutrition, etc. Insight into the subject content involved is necessary before a reference librarian can respond effectively to information requests on these topics.

2. Materials:

-- A specialized literature designed specifically for a lay audience has evolved. More than 1,000 books on health and health care are published annually. In addition, a vast amount of pamphlet, booklet, and leaflet literature is available from a wide variety of sources. Problems exist in the selection, acquisition, subject organization, and access to, and distribution of, these materials. Formulation and application of selection criteria for these materials (including audiovisuals) in terms of relevance, quality and accuracy require special skills.

3. Communication:

-- Great tact and discretion are required in assisting persons with health information needs, since many questions stem from highly sensitive and personal problems.

There is a natural reluctance on the part of many people to be explicit in any patron-librarian dialog. Many requests stem from highly personal and sensitive concerns relating to contraception, pregnancy, venereal disease, drug abuse, alcoholism, abortion, masturbation, herpes, and so on. Consequently, sensitivity is required to pinpoint and define the exact nature of the information need. It is necessary to listen to the patron, ask pertinent questions and avoid giving the impression of probing into a person's natural desire for privacy.

4. Community Linkages (Referral):

-- In many instances, it is necessary to refer patrons to information that can best be obtained elsewhere in the community. This is particularly true where the library requester stands in need of access to social service and support organizations. To make such referrals, specialized knowledge of community health agencies and services is required.

II. Content of Training

The subject content of programs for training library personnel is beginning to coalesce. This includes the following:

* New trends in medical consumerism
* The role of the library in dissemination of health information
* Legal problems and ramifications
* Selection criteria and collection development
* Reference tools and interview techniques
* Community linkages and cooperative relationships with community-wide health organizations
* Public relations, promotion and marketing
* The future of library-based consumer health information services

III. Implementation of Training Programs

This is best accomplished utilizing academic medical center and hospital librarians, who bring both specialized knowledge of health information sources and access to medical expertise in the community. Such expertise, in the form of health professionals such as physicians, nurses, and pharmacists, can be highly useful in the design and implementation of training programs for public library personnel.

Librarians in both medical centers and hospitals are in an excellent position to provide educational programs for library personnel. Many high quality workshops and training sessions have been sponsored by medical librarians who have brought together subject knowledge, understanding of the range of print and non-print materials and insight into

user needs. Very few physicians, nurses or pharmacists refuse the opportunity to talk to an interested audience of librarians.

B. Outline:

1. Skills required for providing Consumer Health Information Services

- Subject Content
- Specialized Materials
- Communication
- Community Linkages/Referral

a) Subject Content:

Insight required into a wide variety of medical/health-related topics. Knowledge of both technical and lay language.

b) Materials:

- Evolution of a specialized literature specifically designed for a lay audience in addition to professional publications.

- Characteristics, extent, cost, availability of books, pamphlets, audiovisuals and professional (reference) works

c) Communication:

- Nature of information needs -- many requests stem from highly personal and sensitive problems relating to contraception, pregnancy, drug abuse, etc.

- Tact, discretion, sympathy and empathy are needed for assisting persons with health information needs

- Reference techniques to elicit and refine the patron's question

d) Community linkages:

- Knowledge of community resources, support organizations, social agencies, etc.

2. Design of Educational Programs

- Workshops, seminars, lectures, etc.

- Format of programs

- Use of subject (medical) specialists

3. Cooperative Activities in Training

   - Cooperation with local health agencies

   - Joint sponsorship involving hospitals and/or academic medical centers and public libraries

C. Readings:

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Chapter X

Conclusions: How to Get Started

The successful delivery of consumer health information services requires considerable skills and knowledge of health- and medically-related topics, specialized information materials and community resources. Although emphasis has been placed on describing formally organized, structured and funded programs, it is entirely possible to initiate consumer health information services with minimal funding and personnel. The judicious and economical selection of a few medical reference works, a small library of some fifty books together with a pamphlet collection, can provide at least basic reference service.

Of fundamental importance, transcending the assembling of published materials, is the concept of cooperation and community support. If the latter can be obtained--and this is not difficult to accomplish considering the social importance of providing improved access to health information--budgetary problems will be solved.

Also, cooperative activity involving other libraries is also highly important. Consumer Health Information Services can provide a magnificent opportunity for multi-type library cooperation. A number of roles and responsibilities can be defined:

A. Public Library:

The service role is predominant with the major responsibility residing in the acquisition and marshalling of resources (materials and personnel) to respond to the health information needs of the populace.

B. Hospital Library:

The major focus of activity lies in support of patient education

in both the in-patient and out-patient settings. A secondary focus of activity is in providing assistance and backup to public libraries in the community, making materials available, applying specialized knowledge to the answering of difficult reference questions.

C. Academic Medical Center Library:

The role of the academic medical center library, which does not directly serve the public, must necessarily be educational, consultative and supportive. Academic medical center library staff can be instrumental in catalyzing and creating CHI programs, securing funding, assisting in collection development and reference activities, organizing and implementing educational programs and in evaluating the success of CHI services. Also, staff can be highly effective in assisting health educators in the accumulation of both print and non-print materials in support of educational programs.

Suggestions On How To Get Started

1. Survey, define and understand your community.

What are their health information needs? To what extent are these satisfied? Are there health education programs currently existing? Are there identifiable groups of people who might assist you in launching CHI library programs--e.g., internists, family medical practitioners, obstetricians, etc.? Is there a health maintenance organization in the community dedicated to physical fitness and consumer education? Is there a nursing school or nursing association that would be interested in assisting? A school of public health? Or perhaps, a hospital association? Line up support, both moral and financial. Don't forget Blue

Cross-Blue Shield. Consider sponsoring a conference to bring together all these interested parties, and potential supporters, to formulate a plan of action. The supporting groups would naturally form the components of a network.

2. Take Stock of Your Resources

It is desirable and highly satisfying to obtain funds to purchase new materials on consumer health. But, first consider what is available. Most public libraries have a reasonable collection of materials--to what extent is this adequate? Check the holdings against The Consumer Health Information Source Book (Bowker, 1981). Examine the last six months supply of Library Journal and Publishers' Weekly to get some estimation of the very latest publications. Scan the catalogs of the major trade publishers for health-related books.

Consider the value of the popular consumer magazines, those possessed by most libraries: Ladies Home Journal, McCalls, Redbook, Family Circle, Vogue, Good Housekeeping, etc. Approximately 20% of the total content is health-related and is, in most instances,up-to-date and authoritative. Do you have The New York Times and Wall Street Journal? Both these newspapers have excellent coverage of health-related topics. Clip the articles by Lawrence Altman, M.D. and Jane Brody's Personal Health Columns in The New York Times. Watch the Wall Street Journal for news of new drug releases by the major pharmaceutical companies. Do use Magazine Index and Readers' Guide to Periodical Literature in order to access the popular magazines. Newspaper Index covers The New York Times and Wall Street Journal. Most libraries also have the indexes to the New York Times and Wall Street Journal.

3. Make Selective Purchases

Initiate inexpensive subscriptions to Harvard Medical School Health Letter, Prevention, American Health and Medical Self-Care. Survey the other available publications and subscribe to the four that you consider best.

Start a pamphlet collection. Look in Ulene's Help Yourself to Health for lists of pamphlets and publishing organizations. But, remember that his list is old and many of the pamphlets are no longer available. Look also at CHIS-Consumer Health Information Service (Microfilming Corporation of America) for a more up-to-date listing and description of pamphlets. CHIS also contains full text. Buy a supply of postcards and stamps and write, under the library imprint, for a copy of each pamphlet. Obtain multiple copies later of those you particularly favor.

Purchase 30 books to form the nucleus of a collection. Or check an existing collection to see if it contains what you consider to be the best 30 books. What is "best"? Examine the InfoHealth and CHIN criteria and apply them to the candidate books. Try and match your purchases with the health information needs of the community you serve. Do you have a perceived demand for books on say drug abuse, teenage pregnancy, nutrition, weight loss, alternative child birth techniques, heart disease, cancer ...? Identify books that will satisfy requests for information on these topics. Each book costs on an average (in 1982) about $11.00 so that $330 should yield a core collection.

Allocate $200 for the purchase of reference books to supplement the popular books and magazines. As a starting point, examine Chapter 6 of the Consumer Health Information Source Book on "Professional Literature." Compare this with the list supplied by Kelly Jennings in Consumer Health

Information: The Public Librarians' Role (Tulsa, 1980), p. 12-14.

4. Define your role in CHI activity.

If you work in a public library, you would probably want to be directly involved in the types of activity described above. Alternatively, if you work in an academic medical center library, you may decide not to get involved in direct service. If so, how can you best help those who directly serve the public--as an educator, consultant, back-up person, book reviewer--etc.? If you work in a hospital, what is your library's policy on serving the general public? Is it the policy to serve patients? Their families? Do you play any role in patient education activity? Would you want to be involved? How can you best do so?

5. Formulate a plan or proposal.

This can serve as a formal statement to be shown to the Administrator, Library Director, etc. It can also serve as the blueprint whereby various groups can work together with you to attain specified objectives. It can also be used as the basis for a formal request for funding.

6. Don't be afraid to ask for money.

After making the best use of available resources, what is lacking in order to provide better service? These needs or requirements can be incorporated into a brief proposal. Make telephone calls--to any local foundations and philanthropic groups, community planning federations, insurance carriers, Blue Cross-Blue Shield, health maintenance organizations, local medical societies, hospital associations, etc. Identify allies and sources of financial support. Contact the State Library and ask if you may submit an application for LSCA funding.

7. Assemble a working group of enthusiastic colleagues.

A small group can work wonders if propelled by initiative, enthusiasm,

and creativity. Don't go it alone. Reach out and work together towards a common goal. The best CHI activity stems from cooperative efforts involving various types of librarians,nurses, health educators, pharmacists, physicians and others interested in producing educated consumers and ensuring informed consent.

Appendix A

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